

PARENT/GUARDIAN CONSENT & STUDENT AGREEMENT

The Cooperative Education Program strives to ensure a successful learning experience for every student.

In order to remain in the Cooperative Education program, the student will comply with the following requirements:

- The student will earn one or two credits upon successful completion of all in-school and placement components; however, the placement experience may be terminated by the school or the placement with a loss of credits if expectations are not met.
- The student will report to their school and their work placement as scheduled and indicated on the Work Education Agreement.
- The student is to notify the placement supervisor and Cooperative Education teacher prior to the beginning of the shift if he/she is unable to report for work due to illness or emergency; and the parent/guardian must notify the school attendance office.
- The student will respect and adhere to the school and employer regulations and expectations.
- The student will work in a courteous, responsible and business-like manner.
- The student will meet the employer's expectations of dress and behavior.
- The student will adhere to company health and safety regulations.
- The student will complete weekly activity log sheets as well as other required assignments by the assigned due dates.

INSURANCE COVERAGE

- Students will receive Workplace Safety and Insurance Board Coverage from the Ministry of Education in unpaid coop placements.
- Students must complete and submit a Work Education Agreement form with all required signatures prior to beginning the placement.
- All students are encouraged to obtain additional Student Accident Insurance Coverage. Forms can be obtained from the main office at each secondary school.

Transportation to and from the co-op placement is the student's responsibility

We, the undersigned, agree to participation in the Cooperative Education Program of the Durham Catholic District School Board under the conditions set forth in this agreement:

_____	_____	_____
Student Name (printed)	Student Signature	Date
_____	_____	_____
Parent/Guardian Name (printed)	Parent/Guardian Signature	Date

The information in this application will be used for purposes consistent with the Education Act and the Municipal Freedom of Information and Protection of Privacy Act.

Must be received on or before **Monday, June 27, 2022** at Archbishop Anthony Meagher CCEC
850 King Street W., Unit 26 Oshawa, ON L1J 8N5
Tel: (905) 438-0570 Fax: (905) 438-0571 Email: credit.reg@dcdsb.ca